

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90062 007 ***150.00

DOCUMENT # F97000006507

1. Entity Name

XESYSTEMS, INC.

Principal Place of Business

**2 OMEGA DRIVE, 3RD FLOOR
 STAMFORD CT 06907**

Mailing Address

**C/O XEROX CORPORATION (CORP TAX)
 800 LONG RIDGE ROAD
 STAMFORD CT 06904**

2. Principal Place of Business

**2 Riverbend Dr 3rd Floor
 Suite, Apt. #, etc.
 3rd Floor**

3. Mailing Address

P.O. Box 269

Suite, Apt. #, etc.

City & State

Stamford, CT 06907

City & State

East Rochester, NY 14445

Zip

06907

Country

USA

Zip

14445

Country

USA

4. FEI Number

06-1497475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, COLIN J	
STREET ADDRESS	800 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, AGNES	
STREET ADDRESS	2 RIVERBEND DR	
CITY-ST-ZIP	STAMFORD CT 06907	
TITLE	VPCO	<input checked="" type="checkbox"/> Delete
NAME	BARRY, TOM	
STREET ADDRESS	2 RIVERBEND DR	
CITY-ST-ZIP	STAMFORD CT 06907	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GILLIAM, CHARLES P	
STREET ADDRESS	800 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAGNER, MARTIN S	
STREET ADDRESS	800 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DA SILVA, TIMOTHY M	
STREET ADDRESS	800 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06904	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Duerden	
STREET ADDRESS	2 Riverbend Dr 3rd Floor	
CITY-ST-ZIP	Stamford, CT 06907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO / VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Rowlett	
STREET ADDRESS	2 Riverbend DR 3rd Floor	
CITY-ST-ZIP	Stamford, CT 06907	
TITLE	DIR Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Romeril	
STREET ADDRESS	100 First Stamford Place	
CITY-ST-ZIP	Stamford, CT 06904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Rowlett **Michael E. Rowlett** 1/29/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)